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ABSTRACT

Fortunate in being located on a highway and in having electricity and a convenient water supply, the village of Sangma, India, is populated mainly by very low-income families struggling for existence. Most adults living in Sangma are away from home at work most of the day; due to the fragmentation of the joint family system, young children are left in the care of older siblings who themselves need parental care. Young children left at home are exposed to health and safety risks resulting from inadequate drainage, the use of open-air latrines, inadequate supervision, and the early acquisition of injurious habits. To counter such conditions, a project was developed that used school children as community change agents to improve health and hygiene practices. The project consisted of four phases: community orientation to the project, training of school children who were minders of younger children, a pilot study of children attending school, and implementation with village children who did not attend school. Sessions with the younger community children included organized play, group folk songs, dramatization, and puppet shows. Observations indicated that the project had positive effects on both the older volunteer school children and the children trained as childminders who did not attend school. (RH)

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CHILDREN AS AGENTS OF CHANGE IN A RURAL COMMUNITY

(A REPORT ON THE CHILD-TO-CHILD PROJECT AT THE VILLAGE SANGHA OF THE VADODARA DISTRICT)

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The literature received from the London based Child-to-child program was useful in providing model approach.

CHILDREN AS AGENTS OF CHANGE IN A RURAL COMMUNITY

A Child-to-child approach

It is universally recognised that there exist millions of Children in the world who do not get even the basic minimum required for healthy development.

The Child-to-child program has been launched to harness a resource, neglected so far—the children themselves—to the task of helping the children in need of help in health, nutrition, education and social development. The International Child-to-child program has been inspired by the work of Dr. David Morley of the Tropical Child Health Unit of the Institute of Child Health at the University of London. Since its start at the Institutes of Education and of Child Health of the University of London in 1977, many people all over the world have become involved in the work. India is represented by Professor (Mrs.) Hemai Jal Mees on the nine-member International Advisory Committee.

It is not out of place to point out here that, as far as India is concerned, the idea of utilising the children as mentors of their sibling is not new. The child-to-child approach has been traditionally practised in India and many other developing nations especially in rural and poorer sections of society where the younger children in the family are usually left to the care of their older siblings. The credit for focussing the world attention on this approach, however, must be given to the London team.

Traditionally in the joint family the eldest and retired members, grandparents, aunts and uncles would have the children in their care. But with the gradual breaking up of the joint family system even in the villages, parents are forced to leave the young children in the care of their elder siblings. If the older siblings are given correct information and knowledge about health precautions, hygienic habits, sanitation, cleanliness and are taught proper ways of handling young children through a playway method they would prove themselves as important agents of change.

For child-care programs the primary school is an untapped source which can be conveniently and profitably put to use. If the primary school children are properly instructed in health, hygiene, nutrition and school readiness not only can they act as good mentors of their younger siblings at home, but they can also pass on their knowledge and skills to their non-school going peers in the community who can thus widen the sphere of the child-to-child activity. This was the philosophy which prompted the authors to initiate a child-to-child project in a rural community. The village Saagwa (of the Padra Taluka of the District of Vadodara in Gujarat State) was chosen for this work for several reasons. The village is well connected to Vadodara by all-weather motorable roads and served by bus routes; one of the authors (YP) has been working with the Saagwa community for several years and has established a good rapport with the people at large and the community leaders. The Department of Child Development of the M.S. University of Baroda

(the sponsoring agency) has a regular village placement program for its Post-graduate students as part of the curricular requirements.

The Socio-economic conditions of the typical Indian rural family compared to the urban families do not provide a healthy environment for the child and at the same time the child is deprived for hours together of parental protection, love and care. Majority of parents have to go out to work to make two ends meet and the older child is left to look after the younger ones. Thus in India and in most of the countries in the developing world most of the older children have to spend some time each day to take care of their younger siblings.

The Village Sangma

The village of Sangma is one of the lucky Indian villages which are located on highways which gives them direct access to the main trunk routes of the country. And yet when one steps out of the highway and enters the village proper the condition of the roads inside the village are not much different from other villages.

The village is also fortunate to have got electric supply. The village Panchayat (Council) has now made arrangements to supply water directly to homes through pipes from a central overhead tank. The new water pipe line has lightened the load of home chores for many women and children but on the darker side the easy availability of water on tap in absence of a drainage system has resulted in water-logged spots in the village and these areas breed mosquitoes. This is a common

feature in most of the Indian villages with piped water supply without an adequate drainage system.

The community of Saagma being essentially a farming community one sees stables and cattle sheds scattered everywhere by the side of the farmers' houses. The cattle also contribute their share in creating sanitation problems.

There are only a few households which can boast of attached W.C.s and latrines. The rest of the families use the open land around the village site as an open air latrine. The village children as a rule use the open places around their houses for that purpose and thus the sanitary situation is obviously very poor and precarious. To add to this, there are open garbage dumps('akerda') everywhere in the village. These dumps are excellent breeding grounds for flies.

Not all households have the facility of running water on tap. They depend on the neighbourhood water posts for water supply. The village people put these posts to a multi-purpose use. They use them as wash-basins for cleaning teeth in the morning, as open bath (room)s for washing themselves and children, as wash places for cleaning kitchen utensils and for washing clothes.

The people do keep their own households fairly free of dust by sweeping the floor by means of brooms, but no scruples are observed in throwing the waste material from the household onto the open places outside. Thus all households have waste lying all around.

The village has no medical practitioner residing there. It has to depend on the medical facilities available at the health centre at Padra, a small town about three kilometers away. The village has a post office and the village can depend on a phone connection in a private household in emergencies. Telegraphic facilities are available at Padra. Because of its location on a highway the village has the benefit of quite a few bus routes.

The community is basically a typical farming community served by many ancillary trades—carpenters, blacksmiths, potters, tailors, shopkeepers etc. Most of the farmers are small farmers and there is a sizeable number of casual farm labourers.

Barring a few relatively well-to-do families, poverty is rampant and most members of most of the families are engaged in the struggle for existence.

Men in these families are the main bread earners, but women and older children also add their bit to augment the meagre family income. Hence most of the adults in a family are away to worksites during the major part of the daytime and the young children in the family have to be left behind at home to the care of their relatively older siblings who are themselves in need of being looked after in most cases.

The women, as has been stated earlier, often have to go out to work to augment the meagre family income. Those who do not go out have to look after all the household and farm chores like looking after the cattle and work in their own

fields. Many of these women are married when very young (at ages around sixteen years) and have to carry a burden of a family of two or more children by the time they are around twenty years old. Most of the women are illiterate and even those who have had the benefit of primary school education seldom get time and incentive to maintain their reading and writing abilities. The set up in the majority of homes is very primitive and lacking in most of the modern facilities. Hence the way of life these women have to adopt is primitive. The women in general are depressed socially and economically and are lacking in most of the elementary sanitary and hygienic practices.

The joint family system is fast disappearing and the young children have to be looked after either by the mothers themselves (as the grandparents are not there) or by the elder siblings when parents are away at work.

The older children left at home have to shoulder enormous responsibilities of looking after the household and the younger siblings in absence of the parents for a major part of the day. When these children themselves are in need of parental care they are expected to answer to the needs of their younger siblings. One can very well understand the plight of these 'elder' siblings acting as mentors of the younger ones and the quality of care the younger siblings receive.

A seven-year old child, for example, may be handling two siblings aged five and three years (the fourth siblings, a suckling baby, may have gone out with the working mother). The

seven-year old nurse helps the younger ones in the matter of cleaning the teeth, going to the open air toilet ground and the subsequent cleaning operations, taking bath, taking the meals (prepared by the mother before leaving for work) and also put them to sleep, comfort them, tell them stories, play with them etc. Often the mentor himself (or herself) wants to play or is tired of acting as an elder to the siblings, and the younger ones are simply left to themselves for a while. A large number of children present a pathetic sight. An ill-clad, ill-fed child in tattered clothes, eyes and nose filled with mucous, running nose, ungroomed hair infested with lice and soiled body badly in need of a wash, is a common sight and this is a great blot on humanity.

The children left at home are exposed to all sorts of risks, which include burns, poisonous plants, insects and animals, cuts, bruises, falls, suffocation etc. Also because of the vicinity of a highway the children face the risk of road accidents.

Many children pick up injurious habits like smoking. At times we find even ignorant parents encouraging their young ones to smoke. The village children in general indulge in many undesirable practices like spitting anywhere and everywhere, wiping mouth and running nose with the front and sleeves of their shirts and frocks, (when they do possess such luxuries), using the open places around their houses and school building as open urinals and latrines, using foul language and engaging themselves in unnecessary petty quarrels and destructive

activities like damaging trees and harrassing animals. A comparable situation prevails in under-privileged sections of urban communities.

One can understand why these children behave as they do. They are denied opportunities to use their over-flowing energy desirably and creatively to express their innate urges. Also, there is no adequate communication between children and adults at home and school.

The Objective

The major objective of the project is to utilise the children as agents of change in rural communities so that the health needs of these communities are taken care of.

Specifically, the objective is

To utilise the talents of the children of the upper grades (age range 9-11 years) of the primary school at Saagua to help their siblings at home and the non-school-going children of the community at large.

Plan of Work

Our present approach is to focus our attention and limited resources on health and hygiene practices in the village community.

The program has been primarily focussed on health and hygiene, and all available techniques, aids and approaches like formal and informal play sessions, songs, dramatization and role-playing, story-telling, puppets, charts, instructional kits, conversation etc. have been freely employed to drive home the intended message to the older children so that they, in turn,

may guide the younger children of the community. Under the wide umbrella of health and hygiene, quite a few relevent topics have been covered.

The project so far has been executed in four phases.

Phase I

Teachers, community leaders, members of Yuvak Mandal (youth club) and the parents were oriented to the 'child-to-child' project and were explained the role of the older children in teaching younger children. We wanted to convince the parents also of the usefulness of the project so that when their children spent time in teaching younger children in school or community at large they (the parents) might not feel that their children were wasting their time.

Phase II

The school children of Std.IV and V who were going to be the minders of the younger children, were given training as detailed below:

Health and Hygiene

I. (1) Knowing parts of the human body.

(2) How to keep the body clean.

(3) Good habits regarding:

- eating;
- nose-blowing and sneezing (use of handkerchief or a clean piece of cloth);
- Washing hands, feet, face and mouth before meals;
- keeping a special dip for the water-pot;
- avoiding spoiling of roadsides with body eliminations;

- avoiding spitting everywhere and anywhere;
- cleaning teeth;
- gargling after eating;
- value of chewing and masticating food properly; and
- use of simple sanitary pits made by the children themselves.

II. Nutritive value of inexpensive locally available fruits and vegetables e.g. Amla (gooseberry), Imli (tamarind), berries, cabbage, carrot, wood-apple, leafy vegetables like drum-stick leaves, etc.

III. (1) Road safety rules.

(2) How to avoid home accidents:

(a) Poisonous drugs.

(b) Poisonous plants.

(c) Proper storage of knives etc. (to keep them away from the reach of the younger children).

The children prepared brooms from tree branches and cleaned the school play ground and village roads. They learnt the use of a waste basket (dust bin).

The kits and aids to teach younger children were prepared by older children under the guidance of the students of the Department of Child Development.

To prepare kits and aids, waste materials and available resources from the environment were used. Field trips were made along with the children and various objects found in nature, i.e.

backyards of homes, nearby fields and in horticultural plantations were collected and used for aids and activities.

The main focus of the program as already stated, has been on child health including hygiene and nutrition, but opportunity of the contact with the children has been used to foster communication skills and to organise cultural activities and entertainment.

Our contact with the rural children has showed us in ample measure that these children are as creative as any group. It would have been a disservice to these children, had we neglected the creative aspect. The children were encouraged to take up creative activities whenever they showed an inclination for such activities and time was favourable. Materials like leaves, dry seeds, fresh seeds yielding dyes, Chichuka (tamarind seeds), grasses, flowers, fruits, broken pieces of coloured glasses etc. were collected. A trip to the potter's shop gave coloured earth, brick-bats, and clay. The carpenter's shop provided saw dust and the village tailor s shop was a source of rags of variegated colours.

The children themselves were allowed and encouraged to classify the collected objects which gave them great excitement. The children were left free to use their creative imagination and skills to make anything out of these collections as they pleased. Other activities included cutting, pasting, folding, painting, etc.

The children showed great originality in the use of locally available materials. To mention an interesting example, they used dried cabbage leaves in place of paper in painting. For

colour they collected ripe berries of 'poi' which yield a beautiful scarlet pigment. Dolls and puppets were made from hay.

The work with the elder children prepared ground for the third phase of the 'child-to-child' project.

Phase III

In the third phase of our project, the elder children of Std. IV and V of the village school (who were trained by one of the authors (RT) and the students of the Department of Child Development as part of the Departmental Village Placement program) acted as minders of the younger children of Std.I in the same school (as a pilot project). The idea was to see to what extent the elder children picked up the various activities and transmitted the acquired knowledge and skills to the younger children.

The older children guided the younger children using the same teaching aids described earlier. The program was conducted entirely with the help of volunteers from the class V. These volunteer leaders were assigned Std.I children in small groups (say, of about 10 children). It was quite an interesting experience to see these young volunteer—teachers in action using the knowledge and skills they had developed to work with the younger children.

Phase IV

In phase IV the project work was extended to cover the non-school-going children of the village.

Door-to-door visits were made to explain to the parents of non-school-going children the benefits their children would

derive at no cost to them. It was emphasised that care would be taken to see that the children who were already gainfully employed would not be required to give up their work but the activities under the project would be arranged to suit their (the working children's) time-schedule.

Such home visits gave the desired information on the free time available to the target group and the activities were organised in different groups to suit the different time schedules.

At first the parents of the non-school-going children were skeptical about the program. They were not sure if the program would benefit themselves or their children. In fact, some of them had misgivings that this was just one of the mushrooming activities indulged in by the city folks periodically. It took the project workers some time, effort and patience to convince these parents that at no cost to them their children would get many things they had been missing by not going to school and ultimately their wards would gain in health, knowledge and skill which in all probability would help them live better. The children themselves were already enthusiastic about the program activities through their contacts with their school going peers.

To begin with, the school going child minders were asked to help the project workers to work as resource persons in training their non-school-going peers to act as mentors.

The teaching aids—charts, kits, puppets, story-cards etc.—which were prepared with the help of the school children were used to impart instruction to the non-school going elder children in practices conducive to health and hygiene. The sessions with

the non-school-going children included activities like organised play, group folk songs, dramatisation, puppet shows, etc, so that their interest was sustained.

The instructional program for the non-school-going children was essentially the same as that described for the school children in Phase II.

The accompanying photographs covering the project activity speak for themselves and will help the reader to visualise the work at the community level.

Evaluation of the work done so far

It will require a long-term survey of the behaviour of the younger children to observe the impact of the project on their behaviour, but our observation shows that the project has had quite an impressive and interesting impact on the older volunteers (Std.IV and V children) and the non-school-going children who were trained as child minders.

Apparently the older children enjoyed their new role as guides and teachers of the younger children. The ready acceptance of these new and unconventional 'teachers' by the younger children had also a positive contribution leading to the success of the project.

The first thing that comes to the attention of an observer is the poise and self-confidence in the older children. These volunteers presented themselves to their younger companions in a well-groomed manner, with neat appearance of bodies and dress.

It is also observed that leadership qualities are well-scattered in society and it takes only a favourable opportunity for these qualities to manifest themselves.

On the part of the volunteers one can readily observe the willing effort to improve communication skill by enlarging vocabulary and improving pronunciation. The new role has resulted in giving a sense of responsibility to the volunteers.

Working in a group has definitely helped the development of team-spirit. The children listen to what others have to say and try to appreciate view points other than their own.

The new experience has given the volunteers opportunity to practise their own creative ideas and to make them better observers of people and things around them.

It should be noted that the program has had a favourable impact on the parents of the older children who volunteered for the 'child-to-child' project. Home visits have revealed that the parents are pleased with the overall improvement in the behaviour of their children.

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